Membership by US Postal mail

Name:_____
_____

SVMS ANNUAL MEMBERSHIP DUES PLEASE CHECK ONE:
_____INDIVIDUAL $10 _____FAMILY $15 YEAR 20__

ADDRESS:

EMAIL: _____
_____

AREAS OF INTEREST IN MUSHROOMS: (CHECK ALL THAT APPLY) ___Science ___Culinary ___Photography ___Cultivation ___Mycophagy ___Education (genus, species + common names) ___Mushroom characteristics

Please cut out form and fill in.

Write check for appropriate amount payable to SVMS. Send form and check to SVMS secretary, Linda Hammond.

Send to:

SVMS Membership

co. Linda Hammond

67 Spencer Rd.,

Owego, NY 13827-2426